



ALABAMA GROCERS EDUCATION FOUNDATION TUITION REIMBURSEMENT APPLICATION

1. The Foundation will reimburse employees up to \$200 per course. Employees are limited to a maximum annual reimbursement of \$1,000.
2. The employee must have completed this course with a grade of C or better (or certificate of completion for seminar course). The employee must have paid for the course with personal funds or student loans. To request reimbursement, submit this form, completed in full, along with a tuition receipt and proof of completion from the course provider. A book receipt is also required. An incomplete form or documentation results in the disapproval of the application.
3. Complete applications must be received by AGA within two months from the end date of the course. No exceptions allowed.
4. Employer must be a current member of the Alabama Grocers Association. Employee must work a minimum of 20 hours per week and must be continuously employed with the qualifying company for one year.
5. Both employee and employer acknowledge the program is on a "first come, first served" basis. All applications will be evaluated by the Approval Committee in the order in which they are received. Approval is granted without regard to race, color, creed, religion, age, gender, disability, national origin, sexual orientation, or other protected status. It is possible that funds for this program may be depleted by the time this application is processed. The AGEF Board of Trustees and the Approval Committee have the sole discretion to disapprove any application and reserve the right to limit the amount of funding to any one company or individual based on aggregate usage or available funds.

Mail to: AGA Educational Foundation
300 Vestavia Parkway #3500
Birmingham, AL 35216

Questions: Stephanie Crabtree
Phone: (205) 823-5498
Email: scrabtree@alabamagrocers.org

Name of AGA Member: _____

Applicant Name: _____

Applicant Email: _____

Applicant Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Full title of course: _____
(One course per application)

College Provider: _____

Ending Date: _____

Why did you complete this course? (Check all that apply)

GE Requirement Professional Development

Degree Requirement - (List Degree Program below)

Other - (Explain) _____

Tuition Fee: \$ _____
(Excludes misc. fees, e.g., student, health, parking, etc.)

Books: \$ _____

By signing, I acknowledge that I have taken this course voluntarily and paid for it with personal funds.

Date: _____

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Supervisor's Name (Please print): _____

Supervisor's Email: _____

Please allow 3-7 weeks for processing. Submit this form, a book receipt, a tuition receipt, and proof of completion from the course provider.